

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # **N18231** (3)

1. Corporation Name

**THE ALEXANDER FOUNDATION, INC.**

1995 MAR 20 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O LESLIE ALEXANDER  
1200 N. FEDERAL HWY., STE. 307  
BOCA RATON FL 33432

C/O LESLIE ALEXANDER  
1200 N. FEDERAL HWY., STE. 307  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/12/1986** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2751996** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, LESLIE  
1200 N. FEDERAL HWY., STE. 307  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(SEE INSTRUCTIONS) Signature required when changing

(SEE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ALEXANDER, LESLIE  
STREET ADDRESS 1200 N. FEDERAL HWY S307  
CITY - ST - ZIP BOCA RATON FL

11 TITLE  Change  Addition

TITLE D  
NAME ALEXANDER, Nanci  
STREET ADDRESS 7809 AFTON VILLA COURT  
CITY - ST - ZIP BOCA RATON FL

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

700001433947  
-03/22/95 --01022--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D  
NAME ALEXANDER, JODI TARA  
STREET ADDRESS 7809 AFTON VILLA COURT  
CITY - ST - ZIP BOCA RATON FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

JA  
3-20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or liquidator thereof, or am empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with the return.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95

(407)368-4077

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APPROVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N19307 (0)  
 1. Corporation Name  
**JUPITER HARBOUR MARINA OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 P O BOX 1456 JUPITER FL 33468  
 P O BOX 1456 JUPITER FL 33468

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 20 735 N AIA  
 22 City & State 27 SUITE D-100  
 23 JUPITER, FL 28  
 24 Zip 25 33477 29 Country 30 USA

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified 02/18/1987 3a. Date of Last Report 04/13/1994  
 4. FEI Number 59-2788644 Applied For Not Applicable  
 5. Certificate of Status Desired \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
 BROOKE, JOSEPH A. III  
 11911 U.S. HWY ONE, STE #308  
 N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent  
 81 Name HEINZ VONZABERN  
 82 Street Address (P.O. Box Number is Not Acceptable) 1000 N. US HWY ONE #716  
 83  
 84 City JUPITER FL 85 Zip Code 33477

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* HEINZ VONZABERN 27/2/95  
(Signature typed or printed name of registered agent and date of signature) (Print Name of Registered Agent (signature required when filing)) (Date)

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	KINDER, RANDY
STREET ADDRESS	1000 N US HWY ONE
CITY, ST, ZIP	JUPITER FL <i>Director</i>
TITLE	PD
NAME	VON ZABERN, HEINZ
STREET ADDRESS	1000 N. U.S. HWY ONE
CITY, ST, ZIP	JUPITER FL <i>Director</i>
TITLE	T
NAME	TARDELL, ALLAN
STREET ADDRESS	1000 N U S HWY ONE
CITY, ST, ZIP	JUPITER FL <i>Director</i>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICE FBI AND OTHER CITIES IN FL

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	60000 1439606
23 STREET ADDRESS	-03/24/95--01109--004
24 CITY, ST, ZIP	****130.00 ****130.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or liquidator empowered to execute the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if it changed, as an attachment with an address.

SIGNATURE: *[Signature]* 27/2/95 407-743-4433  
(Signature typed or printed name of signing officer or director)